

New Jersey Department of Health and Senior Services  
Consumer and Environmental Health Services  
PO Box 369  
Trenton, NJ 08625-0369

FOR STATE USE ONLY

Registration Number

**SUPPLEMENTAL REGISTRATION INFORMATION FOR  
WHOLESALE DISTRIBUTORS AND MANUFACTURERS OF  
PRESCRIPTION DRUGS PURSUANT TO N.J.A.C. 8:21-3A**

*Drug manufacturers and wholesale drug distributors handling prescription drugs must provide the following information in order to satisfy requirements of the Federal Prescription Drug Marketing Act of 1987, 21 U.S.C. 351, 353, 371, 374, and 21 CFR 205.*

*Please complete a separate form for each New Jersey location where prescription drugs are manufactured or distributed and submit along with your drug registration application. Additional forms may be obtained by calling the Drug Registration Office at 609-588-3123.*

1. Corporate Name Under Which Business is Conducted		2. Telephone Number	
3. Trade Name			
4. Mailing Address (Street, City, State, Zip Code)			
5. Type of Operation (check all categories that are applicable): <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler			
6. Type of Drugs (check all categories that are applicable): <input type="checkbox"/> Prescription <input type="checkbox"/> Controlled Substances – DEA Registration Number: _____ <input type="checkbox"/> Veterinary Prescription <input type="checkbox"/> Over the Counter <input type="checkbox"/> Veterinary OTC <input type="checkbox"/> Other (Specify): _____ (Attach list, brochure or sales list identifying <u>ALL</u> prescription drugs handled)			
7. Has the registrant been convicted under any Federal or local laws relating to drug samples, wholesale or retail drug distribution or distribution of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If Yes, explain: _____ _____ _____ _____			
8. Is the registrant's Federal registration for the manufacture or distribution of prescription drugs or controlled substances currently or previously been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If Yes, explain: _____ _____ _____ _____			
<b>Statement of registration information for wholesale distributors and manufacturers of prescription drugs must be signed by a corporate officer responsible for operations of the location listed above.</b>			
Name of Corporate Officer (Print)		Title	
Signature		Date	